

Please complete the Form and provide copies of your Liability Insurance and DEA License. If additional space is needed, please attach pages. Submit documents to BeneCard PBF Pharmacy Relations via fax at 888-723-6008, or mail documents to Provider Relations, 5040 Ritter Road, Mechanicsburg, PA 17055.

<b>NPI #:</b>	<b>NCPDP #:</b>
<b>Participating Pharmacy Name:</b>	<b>Legal Name:</b> (please include Corp, LLC, etc., if applicable)
<b>Federal Tax ID Number:</b>	<b>DEA #:</b>
<b>Pharmacy State License Number:</b>	<b>Pharmacy State License Expiration Date:</b>
<b>Name of Pharmacist in Charge:</b>	<b>PIC State License Number:</b>
<b>Pharmacy Physical Address:</b>	<b>Pharmacy Billing/Mailing Address:</b> (if different)
<b>Pharmacy Telephone Number:</b>	<b>Pharmacy Fax Number:</b>
<b>Owner/Operator Email Address:</b>	<b>NCPDP Chain Code or Relationship ID:</b>

**Hours of Operation:** (Please fill in your hours below)

Monday - Friday	Saturday	Sunday	Holiday	24/7
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Dispenser Class:** (Please mark all that apply)

<input type="checkbox"/> Independent	<input type="checkbox"/> Chain	<input type="checkbox"/> Hospital	<input type="checkbox"/> Clinic
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Other: \_\_\_\_\_

**Dispenser Type:** (Please mark all that apply)

<input type="checkbox"/> Retail	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Home Infusion	<input type="checkbox"/> Indian Tribe
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Other: \_\_\_\_\_

**Services:** (Please mark all that apply)

<input type="checkbox"/> 24 Hours Operation	<input type="checkbox"/> Compounding Service	<input type="checkbox"/> Durable Medical Equipment
<input type="checkbox"/> Accepts E-Prescriptions	<input type="checkbox"/> Has Internet Access	<input type="checkbox"/> Handicap Access
<input type="checkbox"/> Delivery Service	<input type="checkbox"/> Drive-Up Window	<input type="checkbox"/> 90 Day Maintenance

Does this pharmacy, or do any of its pharmacists or pharmacy technicians, currently have any citations or practice limitations from the Board of Pharmacy or any State or Federal regulatory agency?  Yes  No

If YES, please explain: \_\_\_\_\_

Name of Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Mandatory CMS Attestation

***This documentation is required by CMS in order to fill Medicare Part D Prescriptions***

PHARMACY COMPLIANCE CERTIFICATION	Agree	Disagree
Pharmacy is not excluded from providing services under any federal or state healthcare program or third party payer program, nor is Pharmacy otherwise prohibited from providing services to Medicare or Medicaid beneficiaries.		
Pharmacy is certified and has a process in place to confirm upon initial hiring or contracting, and monthly thereafter, that Pharmacy Personnel have not been excluded from providing services under any federal or state healthcare program or third party payer program, and are not otherwise prohibited from providing services to Medicare or Medicaid beneficiaries. Pharmacy reviews both the OIG ( <a href="http://www.exclusions.oig.hhs.gov">www.exclusions.oig.hhs.gov</a> ) and the GSA ( <a href="http://www.epls.gov">www.epls.gov</a> ) websites upon initial hiring and monthly thereafter.		
Pharmacy follows a ten-year record retention policy that complies with Medicare Part D and Centers for Medicaid and Medicare Services (CMS) requirements, and other applicable state and federal laws.		
Pharmacy provides annual fraud, waste, and abuse (FWA), Medicare Part D Compliance, and HIPAA training to all Pharmacy Personnel in accordance with Medicare Part D and CMS requirements.		
Pharmacy maintains a log of Pharmacy Personnel who have received FWA training and a copy of FWA training materials, all of which are available for review upon request.		
Pharmacy maintains, in good standing, all applicable federal, state, and local approvals, licenses, permits, authorizations, franchises, certifications and insurance (copies of which are available upon request).		
Pharmacy ensures that Pharmacy Personnel maintain, in good standing, all applicable federal, state, and local licenses and certifications (copies of which are available upon request).		
Pharmacy has in place written Standards of Conduct, policies, and procedures that promote the Part D ideal of compliance and address specific areas of potential fraud, waste, and abuse. These policies include a Conflict of Interest Policy, and the Standards have been distributed to all Pharmacy Personnel.		
Pharmacy has procedures and processes in place to detect fraud, waste and abuse and to take corrective action in a timely manner.		

***Pharmacy will be removed from Medicare Part D networks if it cannot attest to the following:***

- ✓ I agree to immediately notify Benecard Services in writing if a change occurs that would make any of the above answers untrue, incomplete, or inaccurate. Further, I agree to immediately notify Benecard Services if my Pharmacy is not in compliance with the requirements set forth above.
- ✓ I acknowledge that any response of "Disagree" in the chart above, as applicable to Pharmacy, may result in (1) the immediate execution of a corrective action plan, or (2) Pharmacy being rendered ineligible to participate in the Benecard Services network.
- ✓ I acknowledge that failure to completely answer this certification and return it to Benecard Services may result in exclusion or termination, as applicable, from the network.
- ✓ I represent and warrant that the person signing this certification is duly authorized to bind all terms and conditions herein.

By my signature below I hereby certify on behalf of each Pharmacy in our chain that the responses above are true, complete, and accurate, and each Pharmacy will at all times abide by the requirements set forth in this Pharmacy Compliance Certification.

**Pharmacy Name (PSAO or Pharmacy Chain if applicable):** \_\_\_\_\_

**NCPDP#** \_\_\_\_\_ **NPI#** \_\_\_\_\_ **Chain code:** \_\_\_\_\_

**Signature of Authorized Person:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

*Note:* A PSAO or Pharmacy Chain may email a complete pharmacy list and attestation to BeneCard PBF's pharmacy network inbox at [networkquality@benecardpbf.com](mailto:networkquality@benecardpbf.com).